

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

ARTICLES OF DISSOLUTION NON-PROFIT

Pursuant to the provisions of SDCL 47-26-9, the undersigned corporation adopts the Articles of Dissolution for the purpose of dissolving the corporation.

1. The name of the corporation is _____

2. WHERE THERE ARE MEMBERS ENTITLED TO VOTE:

(a) The resolution to dissolve was adopted at a meeting of the members of said corporation held on _____, 20____. A quorum of members was present at such meeting.

(b) The number of members present at such meeting or represented by proxy was _____.

The number of members which voted for such dissolution was _____. The number of members voting against such dissolution was _____.

(c) The resolution received at least two thirds of the votes entitled to be cast by members present or represented by proxy at such meeting.

OR

(d) A statement that such resolution was adopted by a consent in writing signed by all members entitled to vote with respect thereto.

3. THERE ARE NO MEMBERS, OR NO MEMBERS ENTITLED TO VOTE THEREON.

(a) The resolution to dissolve was adopted at a meeting of the board of directors held on _____, 20____.

(b) Such dissolution resolution received the vote of a majority of the directors in office.

4. All debts, obligations, and liabilities of the corporation have been paid and discharged or adequate provisions have been made therefor.

5. Attach a copy of the plan of distribution if any, as adopted by the corporation OR state that no plan was so adopted: _____

6. All remaining property and assets of the corporation have been transferred, conveyed or distributed in accordance with the provisions of SDCL 47-26.

7. There are no suits pending against the corporation in any court, or adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

To be signed in the presence of a notary public by either the chairman of the board of directors, or by the president or any other officer.

Dated _____.

(Signature)

(Title)

STATE OF _____

COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day of _____, 20_____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____, that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires

(Notary Public)

Notarial Seal

FILING FEE: \$5.00

1. Please list exact corporate name in number one.
2. Please complete either section two or three, whichever one is applicable.
3. Attach a copy of the plan of distribution, or complete statement required in number five.
4. Show signature and title of the officer signing for the corporation.
5. Complete notary verification.

An original and one exact or conformed copy must be submitted.